

**N.H. EMERGENCY MEDICAL & TRAUMA SERVICES  
COORDINATING BOARD**

**S.O.L.O. – Conway, NH**

**July 17, 2003**

**Members Present:** Steve Achilles, Dave Duquette, Stephen Grise , Fred Heinrich, Director Rick Mason, Dr. Joe Mastromarino, Dr. Doug McVicar, Chief Sue Prentiss, Susan Reeves, Dr. Joe Sabato.

**Members Absent:** Eileen Bartlett, Tom Blanchette, Paul Gamache, Janet Houston, Karen Lord, Shawn Mitchell, Jackie Normile, Dianne Roberts, Dr. John Sutton, Dr. Clare Wilmot , Dr. Norm Yanofsky.

**Guests:** Jon Bouffard, Donna York Clark, Jeanne Erickson, Steve Erickson, Ed Laverty, Nick Mercuri, Doug Martin, John Prickett, John Sanders, Gary Zirpolo.

**Bureau Staff:** Liza Burrill, Educational Coordinator; Kathy Doolan, Field Services Coordinator; Lynn Lagace, Secretary, Clay Odell, Trauma Coordinator; Will Owen, ALS Coordinator; Fred von Recklinghausen, Research Coordinator.

**I. CALL TO ORDER**

**Item 1.** The meeting of the EMS & Trauma Services Coordinating Board was called to order by Dr. Joe Sabato, Chair at 1:30 PM on July 17, 2003 Stonehearth Open Learning Opportunities (SOLO) Conway, New Hampshire.

**II. ACCEPTANCE OF MINUTES**

**Item 1.** **May 15, 2003 Minutes: Motion** was made by S. Achilles and seconded by S. Grise to accept the minutes as written. Motion passed unanimously.

**III. DISCUSSION ITEMS**

**Item 1.** - NH E-911 Report

Director Mason reported that the Bureau of Emergency Communications had recently been relocated under the Department of Safety, moved from the State's Administrative Services Section. The Bureau of Emergency Management and the Bureau of Emergency Communications will now be overseen by Director Bruce Cheney. More information will follow after a meeting to be held on July 21, 2003 that will finalize this new structure.

## **Item 2. - NH Medical Control Board Report (MCB)**

Dr. Joe Mastromarino reported for the MCB on their latest projects and morning meeting (7/17/03). Discussion included the Patient Care Protocols process, a newly structured two year cycle of updates for protocols, AED Pediatric pad use including an update to the Cardiac Arrest Protocol 1.5, reports on the NH ACTS conference (Sept. 16, 2003) and Trauma Conference (Nov. 12, 2003) **(Please refer to the July 17, 2003, MCB Minutes for further information).**

## **Item 3. – NH Bureau of EMS Report**

Chief Prentiss referred to the written report included in each member's packet. The highlights are:

- **Bureau Re-Organization** – (attached updated organizational chart) Dave Rivers has accepted a part-time position with the Bureau in the Education Section. George Patterson has accepted a full time position with the Office of Emergency Management.
- **Protocol Development and Implementation** – Protocol subcommittees have been meeting and recommendations are being made to the MCB and Bureau. This is still much work to be done. protocol process
- **Practical Exam Process** - The Education Section of the Bureau has been meeting with Instructors and Exam Coordinators to receive input on the development of the uniform statewide exam process. The Bureau hopes to report out this fall to both Boards on this project's progress.
- **Rural AED 2002 & 2003** – The 2002 grant is in its final stages with orientations underway. There were 20 additional machines were able to be purchased and are in the process of being place with the Regional Councils assistance. The 2003 grant application has been filed and has proposed the placement of 128 machines per year for three years.
- **Trauma System** – The first year of Trauma-EMS grant program is complete and the application to continue the grant is underway. The focus remains on building the evaluation and monitoring process for the Trauma and EMS System.

The Trauma System Conference will be held on November 12, 2003 at he Inn at Mills Falls in Meredith, NH. The Bureau is working with EMS for Children's Project at Dartmouth Medical School on this event.

- **Regional Council Update** – All five Regional Councils are active again! The Bureau looks forward to working with these Councils to meet the needs of the state's EMS community.

- **Fire & Emergency Services Instructor Training** –The Bureau of EMS and the Bureau of Training & Certification have worked together on the Fire and Emergency Services Instructor Training program. The Educational Methodology program used by the Bureau of Training and Certification will be the program used by both Bureau's now to train instructors.
- **Air Medical Notification** – The evaluation project to be held in the Monadnock area should be on line this fall, while the North Country and Concord programs are working out further details.
- **HB104** – On June 2, 2003 a memo was sent to all Units and Hospital EMS Coordinators recommending the procedure for handling abandoned infants. Rules are being written by DHHS with assistance from the Bureau of EMS to further address these situations.
- **CODES Grant** – The Research Section personnel attended the national CODES conference in Portland, ME and learned further techniques to link datasets in order to follow patients from the incident to hospital discharge. An updated agreement from NHTSA to fund the program is expected back very soon.
- **TEMSIS** – This project continues moving forward with committees meeting regularly. The Bureau is working with the Department of Safety's Information Technology group on the technical side of the project.
- **Smallpox Update** – DHHS is currently placing action on hold with regards to smallpox immunizations for first responders. A copy of the advisory (June 18, 2003) was included with the Bureau's report.
- **NH ACTS** – The Intersections Collaborative led by Dr. Sabato will be presenting the NH ACTS Conference on September 16, 2003 at the Highlander in Manchester, NH.
- **Administrative Rules** – Emergency Medical Dispatch, waivers and Patient Care Record rule changes are a few of the sections being drafted. Members of the EMS community will be informed prior to any changes.
- **EMS 101** – Five new presentations will be available through the Field Services Section of the Bureau by refresher season 2003-2004. The topics include: "What is EMS?", "An overview of the New Hampshire EMS System", "Welcome to EMS", "The EMS System – a Review" and "Recruitment, Retention and Recognition". Units, Instructors and other associated groups will be informed of their availability when finalized.

#### **Item 4. – Goals of Coordinating Board**

Tabled to later in the meeting in order to report out the subcommittees below.

#### **Item 5. - Subcommittee Reports**

- **CARES Program and EMS Provider Safety** – Steve Achilles reported that the subcommittee had met and discussed what the mission of the program was and how to engage all Providers on these topics. A potential method for distribution of information would be a “Town Meeting” format similar to that of the recent Protocol meeting. Within this venue present a PowerPoint (PP) presentation, offer this twice a year and cover the hot topics of the moment (SARS, HIPPA, Extrication Hazards Awareness etc.) Offer the PP presentation to all attendees on disk with handouts, and ask that they take all opportunities within their Services, Districts, Regions – to inform as many other Providers as possible. Ask that when they do the presentation to collect a roster of attendees and supply it to the Bureau. S. Reeves suggested that the Bureau inform all Units/Providers of these scheduled training sessions, so as to initially present to as many people as possible in order to make statewide coverage of training a possibility. The EMS conferences that take place currently would be a great starting point for these presentations. Questions were raised as to the most important topics to be covered and the length of the presentations. The suggestion was made to have the first meeting be set up in order to ask that question – “What timely topics are important to you as Providers?” Clay Odell offered to schedule the first meeting. Sub-Committee to follow through on this discussion.
- **EMT-Intermediate** - Will Owen reported for this sub-committee and did a presentation (handouts received) on the recent survey sent to Medical Directors (MDs) at the state’s Medical Resource Hospitals. The survey asks questions regarding the EMT-Intermediate skills allowed in the catchment area. The response on the survey was low – only 1/3 of the 26 hospitals responded. Discussion ensued about the need for a higher sample of responses in order for the Board to make an informed decision. Questions were raised about the method in which the survey was conducted – a suggestion was made to send the survey to the Hospital Coordinators (for hospitals that have such positions) at the facilities that did not respond to the initial request. These individuals can ask for input from their MD’s and return the survey to the Bureau. W. Owen reminded the group that these results will give the Board a better perspective on the direction to go in with the EMT – Intermediate’s in New Hampshire while a national opinion is still in process. Members agreed that this was the proper way to proceed.

- **Continuing Education (CE) Structure** – Liza Burrill reported for this committee who had not had chance to meet formally but has briefly discussed its mission. The committee will review the current structure of National Registry required 48 hours of CE (for EMT-B & I's) to see what percentage would be feasible to make mandatory topics in New Hampshire and then discuss, and propose, what those topics would be. All agreed this is the direction that makes sense for this group to pursue.
  
- **Alternative to Biennial Practical Exam** – Nick Mercuri (Lake Region General Hospital) reported in on the “pilot” program that was approved by the MCB and has been underway for the past year and a half in the Lakes Region. Handouts were passed to members of the Board presenting the program, its status and findings to date. This program only included specific full-time EMS Providers in the Lakes Region and had specific guidelines to complete. Individuals involved in the program had to attend a 24-hour Refresher Training Program but were allowed to show their proficiency of skills in a “real world” setting. If the participant was unable to complete a required skill, because a patient did not present to them in need of the intervention, they were required to be tested on that skill within the conventional exam process. Checks and balances were built into the program in order to assure competence and fulfillment of skills. Questions were answered with regards to the oversight of skills by Department Officers/Shift Supervisors – those who were approved by the LRGH Educator before the pilot was begun, and all of which were believed to be PEETE approved evaluators.

The Bureau Chief stated this was a good first step to an alternative plan and she could see the Bureau approving up to two types of alternatives. Questions arose concerning what a “good” alternative program should look like – discussion with National Registry concluded there is no one model to go by.

W. Owen has reports from other states regarding other “alternatives”, and they will be compiled for next meeting.

Doug Martin presented a proposed program that Frisbie Memorial Hospital Paramedics would like to use in order to meet their EMT-P National Registry refresher requirements.

It was clarified by the Bureau Staff present and other Paramedic's in the audience, that this program was already acceptable as an approved EMT-P refresher education practice by the National Registry and the Bureau of EMS using the Continuing Education Model. The program was very complete and included skills used by these medics in the hospital setting – also considered completely acceptable at this level. Concern was raised for its use at the EMT-I level in New Hampshire because the EMS rules state that a EMT-B

refresher training program must be completed by I's every two year cycle.

The overall question was raised – What is the exposure of these students and instructors when taking/offering one of the “alternative” programs? It was agreed that at the EMT-P level, as long as content was covered and standards were met during the education, no liability existed.

**Item 6. – Updated List of Regions/District/Towns** - Kathy Doolan presented an updated list to the Board for approval. The list of statewide towns was broken out by EMS Region and Districts. The original list approved in the 1980's was circulated to Bureau Staff and Regional Council members for review and comment. This list (dated 7/03) has been updated to include comments from these individuals and is now believed to be current and accurate. The Board members reviewed the list.

**Motion** made by S. Achilles to approve the list and was seconded by J. Sabato. Motion approved unanimously.

**Item 7. – Nominating Committee** - Fred Heinrich reported four names had been mentioned for nomination as Vice Chairperson to the EMS & Trauma Services Coordinating Board. Only two of the four individuals were able to be contacted for comment on their nomination. All agreed the two individuals that had agreed to be considered for this position would be nominated and voted upon at the next scheduled meeting. Steve Achilles and Steve Grise will be considered as the candidates for Vice Chair.

**Revisit Item 4 – Goals of the Board** - Dr. Sabato asked for comments on what is working within the Board's structure. The membership agreed that the subcommittee structure was working well and things were being accomplished effectively. Thoughts were voiced about communications from the Board to the EMS community – suggestion was made that quarterly meetings, set up around the state, to hear input from Providers may be effective.

Concern was voiced that rehashing the MCB meeting topics at the CB afternoon meeting was redundant and the format should be reviewed. Written reports from the MCB & Bureau will be documented and could be reviewed by all interested parties at a later date. This would allow the CB to be action oriented within the limited 1:30 PM – 3:00 PM time frame.

Chairman Sabato stated that the agenda and “not approved” minutes would still be sent electronically to all members prior to each meeting. Also, Goal # 6 and #1 will be presented at the next meeting.

**Item 9. - Items of Interest**

None mentioned

**IV. ADJOURNMENT**

**Motion** was made by S. Achilles, seconded by S. Reeves – adjourned 4:00 PM

**V. NEXT MEETING**

September 18, 2003 at Monadnock Community Hospital, Peterborough, NH

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by Kathy Doolan, Field Services Coordinator)